

**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**

BULLETIN NO. 96- 4

**INSTRUCTIONS FOR COMPLETING THE REVISED
MINNESOTA LIFE AND HEALTH TRANSMITTAL FORM**

TO: All Life and Health Insurers Licensed in Minnesota

Effective January 1, 1997, all Life and Health Insurers must use the attached revised Transmittal Form for filings submitted on or after that date. Each company must supply its own forms. You may duplicate the attached copy. For the most part, the Transmittal Form is self-explanatory. However, here are some things to keep in mind when making a filing:

1. Consult Minnesota Statutes, Rules, and Previous Bulletins. Refer carefully to the following before contacting the Department with questions: Minnesota Rules, Chapter 2605 (Filing Fees; Insurance), as amended by Minnesota Statutes 60A 14, subd 1, clause (c)(7). Please note that a filing fee of \$50.00 applies to a single policy including riders, endorsements or other forms designed to be used in direct connection with the policy.
2. Identify First Form Number of Filing. You should select and list the first form number of your filing for future reference purposes. This should be the primary form in the filing and will be used by this Department to locate your specific filing. Please have this number ready if you contact the Department to determine the status of a specific filing. A separate and distinct form number should be assigned to each and every form. Please do not assign the same number, or your federal tax ID number, to every filing, as this will not assist in the search to locate a specific form filing.
 - Failure to identify a specific form number on each Transmittal Form may result in a delay of our review of your filing.
3. List All Other Form Numbers In Filing. All additional forms included in the filing, and for which approval is desired, are to be listed in the space provided.

4. Assemble Your Filing In Order. Please make sure to do the following:

- Place your duplicate Transmittal Forms on top of the filing letter and enclosures.
- Attach your check to the indicated section in the upper left hand corner of the Transmittal Form. Make the check payable to:
"Minnesota Department of Commerce".
- Include duplicates of those forms, and rates, for which you want copies returned with the duplicate of your filing letter.
- Enclose a self addressed envelope that is large enough and with sufficient postage to return the material you want sent back. "Postage Paid By Addressee" envelopes work best. Materials in addition to your cover letter will not be returned if your envelope is not large enough to accommodate them.

5. Determine The Correct Kind of Insurance. Under "Kinds of Insurance":

- Place a check mark by the caption that most closely identifies the insurance you are filing. If no caption fits, check the "Other" line and describe the coverage.
- Note that the following additional classifications are new:
Credit Involuntary Unemployment Insurance, Burial Policy, Home Health Care Only, Nursing Home Care Only, Modified Guaranty Annuity, Blanket Accident & Sickness, Indexed Annuity, Accidental Death & Dismemberment Policy-(Health), and Accidental Death & Dismemberment Rider-(Life).

6. Manage Identical Filings. Use the following procedures if you are making a filing for a group of companies, and the forms, rules, and/or rates are identical for each company:

- Submit individual Transmittal Forms (in duplicate) and fees for each company.
- Attach filing letter in duplicate (one copy for return) for each company.
- Include duplicate copies of material to be filed, unless you do not want copies returned for your files.

7. **Review Filing For Completeness To Avoid Getting Your Filing Returned.** Review your filing before filing it with the Department. Filings that are returned due to improper completion of the Transmittal Form are not considered received. No review is started until the filing is returned to us.

Common reasons for the return of filings:

- Incorrect fees.
 - Duplicate Transmittal Forms not included.
 - Informational filings received without transmittal forms and filing fee(s) regarding any changes to an approved form or forms (e.g., editorial changes, corrections of printing errors, replacements, etc.). Refer to Chapter 2605.0400, (C).
 - More than one line of insurance submitted under a single Transmittal Form (Different lines require separate Transmittal Forms submitted and fees paid for each line).
8. **Identify Your Filing In Correspondence.** The Department will continue to assign our unique Record Number to each Transmittal Form. Please refer to both Our Record Number and your Form Number on any subsequent correspondence with us regarding your filing. The Form Number listed must be the one described in item 2 of this Bulletin. You do NOT need to attach additional Transmittal Forms and filing fees when responding to our letters unless our file has been closed.

Issued the 11th day of October 1996.



DAVID B. GRUENES
Commissioner of Commerce

DEPARTMENT USE ONLY

Accounting: _____

Record No. _____

Date _____

Closed Date _____

Amt Rec'd _____

Analyst _____

Status _____

Suspense Date(s) _____

COMPLETE THE FOLLOWING:

Company Name: _____

Date: _____

Company NAIC No: _____

IDENTIFY 1ST FORM NUMBER OF FILING: _____ (Failure to identify a form number may result in a delay of review.)

LIST ALL OTHER FORM NUMBERS IN FILING: _____

Type Of Filing: (check one only)

____ Forms (2)

____ Rates (3)

____ Rates & Forms (5)

(total fee = \$100.00)

Filing For: (check one only)

____ Group

____ Individual

KINDS OF INSURANCE: (Check one only)

HEALTH

- ____ Accident Only (38)
- ____ A D & D Policy (56)
- ____ Application(s) - Health (54)
- ____ Blanket Accident and Sickness (68)
- ____ Comprehensive Medical Expense (34)
- ____ Dental (46)
- ____ Disability Income (36)
- ____ Dread Disease (44)
- ____ Excess A & H / Stop Loss (60)
- ____ Home Health Care Only (66)
- ____ Indemnity (40)
- ____ Long Term Care (52)
- ____ Medicare Supplement (42)
- ____ Nursing Home Care Only (58)
- ____ Short Term Coverage (78)
- ____ Small Employer Group Plans (62)
- ____ Vision (48)
- ____ Other (50) _____

LIFE-ANNUITY-CREDIT

- ____ Accelerated Death (53)
- ____ A D & D Rider (79)
- ____ Application(s) - Life (51)
- ____ Burial Policy (63)
- ____ Credit Involuntary Unemployment (61)
- ____ Credit Life & Health (41)
- ____ Fixed Annuity (45)
- ____ Funding Agreement (57)
- ____ Guaranteed Investment Contract - GIC (55)
- ____ Indexed Annuity (65)
- ____ Modified Guaranteed Annuity (67)
- ____ Synthetic GIC (59)
- ____ Term Life (37)
- ____ Universal Life (43)
- ____ Variable Annuity (49)
- ____ Variable Life (39)
- ____ Whole Life (35)
- ____ Other (47) _____

PERSON MAKING THIS FILING:

FOR STATUS REPORTS CALL (612) 297-3977

Name _____

Title _____

Signature _____

800/Collect Phone No. () _____

Fax No. () _____

E-mail address _____